



BUILDING CAMPAIGN

Children's Dental Health Clinic

Pledge Form



Your Gift to the CDHC Building Campaign Re-affirms...

Every Child Deserves to Smile

Together...We Change Lives...One Smile at a Time

Yes! I want to Invest in the Future of the CDHC!

Donor Name: _____

Please accept my Gift!
CDHC Building Campaign Gift:
\$ _____

giving methods

- Check (payable to Building for Children/MMCF/CDHC) in the amount of \$ _____
- The balance to be paid in the following manner _____
- Please contact me to pay gift with stocks/securities, or real estate
- Please charge my Credit Card the full amount of \$ _____
- Please charge my Credit Card in installments of \$ _____
_____ for _____ months or _____ years

Credit Card Visa or MasterCard

Name on Card _____

Credit Card # _____

Expiration Date _____

Signature _____

Street Address _____

City/State/Zip _____

Please make my pledge in memory or in honor of
Please advise _____

My/our gift is designated for the following naming opportunity
selected from the CDHC list: _____

Donor

Signature _____ Date ____/____/____

contact information

Address _____

City/State/Zip _____

Phone Number _____

Cell Phone Number _____

E-mail Address _____

Please mail this form to:

Children's Dental Health Clinic
455 East Columbia Street
Long Beach, California 90806

For more information,
please call us at
(562) 933-0602
or Fax (562) 933-2049

Visit us online at
www.cdhc.org
E-mail us at info@cdhc.org



Thank You!